



Population Health Tracking: Update from NCQA and MHSPHP on HEDIS[®] measures for 2009

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Cervical Cancer Screening

- ICD-9 code changes in AHLTA:
 - V88.01 (Acquired absence of both cervix and uterus)
 - V88.02 (Acquired absence of uterus with remaining cervical stump)
 - V88.03 (Acquired absence of cervix with remaining uterus)
 - Majority of MTF have loaded these replacement codes
 - Verify loading of annual changes with your MTF coders
- Deleted from DoD Extender Code List:
 - V45.77 0 ACQUIRED ABSENCE OF UTERUS and
 - V45.77 1 ACQUIRED ABSENCE, UTERUS & CX



2009 HEDIS® Update from NCQA

■ Breast Cancer Screening

- Removed age stratifications; will only be a HEDIS® benchmark for the total population between 42-69 years
 - MHSPHP will continue to report 3 age groups as before: 42-51; 52-69; Total
- Allowance of diagnostic screening
 - Accepting more intense screenings in methodology
 - May not improve MTF performance since these codes have been included all along in the Portal data pulls



2009 HEDIS Update from NCQA

- **Chlamydia Screening in Women**

Decreased upper age limit to 24 years
(former age range was 16-25 years)

- MHSPHP Action lists will be expanding to include all eligible female beneficiaries. No longer will be restricted to Active Duty only
- Aggregate reports have included all beneficiaries since metric has been tracked
- Chlamydia measure to be added to PBAM



2009 HEDIS Update - from NCQA

HbA1c Control Measurement

- Background: HbA1c good control <7% added for the first time to HEDIS 2007; moved to public monitoring status for 2008
- Increased mortality and subsequent suspension of the ACCORD trial raised questions about the value of aggressive HbA1c “good” control
- 2008 results for HbA1c <7% will not be reported
- Safest range for majority of population thought to be between 7-8%

2009 HEDIS Update - from NCQA

HbA1c Control Measurement

- **Retain** HbA1c poor control $>9\%$ (important for trending). Note: AMEDD reverses this percentage to $<$ or $= 9.0$ to align with other metric benchmarks
- **Adopt** HbA1c control $<8\%$ (will be no benchmark)
- **Retain** HbA1c control $<7\%$ with the addition of exclusions:
 - Age 65-75
 - Ischemic Vascular Disease w/ prior MI
 - Chronic Renal Failure
 - Congestive Heart Failure
 - Dementia
 - Amputation
 - Blindness



MHSPHP Plans for 2009

HbA1c Control Measurement

- **Delete** tracking of HbA1c of < 7.0 ; due to complexity of exclusion criteria
- **Adopt** tracking HbA1c of < 8.0 . No benchmark for first year of tracking
- **Retain** tracking HbA1c of
 $< \text{ or } = \text{ to } 9.0$